

# APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 1)

State Form 34882 (R6/12-92) DFC Form 425A

**Complete one application for each absent parent for whom application is made.**

Indiana Department of Child Services

CHILD SUPPORT BUREAU

402 W. Washington St. Rm. W360

Indianapolis, IN 46204

## PRIVACY STATEMENT

The records in this series are confidential according to 45 CFR 303.21. This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of the agency according to 45 CFR 303.70. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

## INSTRUCTIONS (PLEASE READ)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a responsible parent outside the home. These services are: Complete Service or Parent Locator Only Service. **ALL FEES FOR SERVICES ARE NONREFUNDABLE.**

**COMPLETE SERVICE:** The applicant will be entitled to all services offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Service and the legal services of the local IV-D agency. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or visitation provisions, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State for monitoring and disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, BLOOD TEST (DNA) COSTS, IRS INTERCEPT FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition the Tax Refund Intercept Project may be used to collect child support arrearages. Application for complete service does not guarantee, however, that your case will be submitted for tax refund intercept nor that tax refund monies will be collected. In order to certify a case for intercept, there must be a valid child support order, the absent parent must be at least \$500 in arrears, and the applicant must have the absent parent's Social Security number. If any children of the absent parent have received TANF/AFDC in the past, any collection made from an intercept will first be applied by the State to any unreimbursed public assistance on any former TANF/AFDC case. If the IRS, for any reason, reclaims all or any portion of an intercepted refund that has already been paid to you, you are obligated to repay the State of Indiana the amount reclaimed by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been made and fulfilled.

**PARENT LOCATOR SERVICE:** The applicant will be entitled to all resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location. The success will greatly depend on the applicant's own knowledge about the absent parent. If all sources of information are exhausted without a successful location, the applicant will be notified. Upon notification, the applicant will have six months to provide additional information. If no additional information is provided within the six month period, the case will be closed and the applicant notified.

**TERMINATION OF SERVICES:** The applicant may terminate services only if any charges due or overpayments owing are paid, by notifying the Child Support Bureau in writing that services are no longer desired. The State may terminate services only in accordance with 45 C.F.R. 303.11. Services in respect to this application will also terminate if the applicant receives TANF/AFDC.

**APPLICANT'S OBLIGATIONS:** The applicant is expected to fully cooperate with the local IV-D agency in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the absent parent, reuniting with the absent parent, and other information pertinent to the case. **THE APPLICANT MUST ALSO NOTIFY THE CHILD SUPPORT BUREAU AT THE ABOVE ADDRESS OF ANY CHANGE OF ADDRESS.**

## APPLICANT'S STATEMENT

I affirm that the information in this application is true and correct and that false information could result in perjury charges against me. I understand that I am to cooperate with the local IV-D agency in order for my case to be processed, and non-cooperation can result in termination of my case. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts will be made in my behalf to obtain successful results for the service requested.

I have read and understand the above NOTICE.

I hereby request the following service under the terms outlined.

☐ Complete Service ☐ Parent Locator Service Only

(TO BE SIGNED DURING APPOINTMENT)

Signature of applicant

Date signed (mo., day, yr.)

Application taken by

FEE RCVD / MEDICAID / TANF

ISETS Case number

\$

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To be completed by County Office

Case Number

**TITLE IV-D WAIVER**

The Undersigned custodial parent acknowledges that the TIPPECANOE COUNTY Prosecutor's Office is an agent of the State of Indiana and the Family Social Services Administration, Division of Family and Children and cannot serve as a private attorney to custodial persons. The Prosecuting Attorney's Office function is to protect and promote the interests of the State at large and the best interest of children in particular, and these interests may conflict at times with the interests of a custodial person.

Pursuant to Title IV-D of the Social Security Act, the Office of the TIPPECANOE COUNTY Prosecuting Attorney provides four basic services:

1. The location of absent parents.
2. The establishment of paternity and support orders.
3. The enforcement of support orders.
4. The modification of support orders.

The prosecutor's Office does not provide representation with regard to the issues of visitation, custody and property settlement. In fact, pursuant to the mandate of Title IV-D, the office is not allowed to become involved in such matters of custody, visitation, or property settlement. You should consult with a private attorney or legal aid concerning those issues.

In accordance with I.C. 31-25-4-13.1(e), the undersigned acknowledges that they are not entering into an attorney-client relationship with any attorney in the Office of the TIPPECANOE COUNTY Prosecuting Attorney. Accordingly, any confidential information provided to this office is not information protected by an attorney-client relationship. Therefore, information provided to the Office of the Prosecuting Attorney may be used by the Office in the prosecution of criminal offenses or civil violations without regard for source of the information. The undersigned acknowledges that his/her involvement in the Title IV-D Child Support Program does not protect him/her from prosecution for any criminal offense or civil infraction.

**NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.**

I have read the above and fully understand the contents of this waiver and consent to its terms.

Date

APPLICANT'S NAME (PRINTED)

SIGNATURE

PLEASE PRINT ALL INFORMAITON ON THE NEXT 4 PAGES

PART I: APPLICANT DATA

1. Full name of applicant (last, first and middle)		Maiden
2. Date of birth (mo., day, yr.) / Place of Birth (city, state) / Sex / Race / Social Security number (CIRCLE) M / F		
3. Address of applicant (street and number or rural route number)		Apt. or room number
----- City	----- State	----- ZIP code
4. My mailing address is: Same as above Different (if different, print below)		Apt. or room number
Mailing address (street and number or rural route number)		
----- City	----- State	----- ZIP code
5. Telephone number (home)		Telephone number (work)
6. Name other person who will always know my whereabouts: (Place name and phone number)		
----- Mailing address (street and number or rural route number)		Apt. or room number
----- City	----- State	----- ZIP code
7. Have you ever received any AFDC in Indiana? YES / NO	If "Yes" give the month and year of the last check	What county was Welfare check case was from?

PART II: DEPENDENT DATA

I wish to secure support payments on behalf of the following children. (list oldest to youngest below)

CHILD'S FULL NAME (Last, first, M.I.) (PRINT)	SEX (CIRCLE ONE)	BIRTHDATE (mo., day, yr.)	PLACE OF BIRTH (CITY/STATE)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO ME
1.	: M / F :	:	:	:	:
2.	: M / F :	:	:	:	:
3.	: M / F :	:	:	:	:
4.	: M / F :	:	:	:	:
5.	: M / F :	:	:	:	:
6.	: M / F :	:	:	:	:

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Case Number \_\_\_\_\_

**PART III: ABSENT PARENT DATA / NONCUSTODIAL DATA**

A. Full name of absent parent (last, first and middle)		Alias or maiden name (last, first, middle)		
-----				
Social Security number	Date of birth	Age	Place of birth (city and state)	
-----				
Race	Height	Weight	Hair	Eyes
-----				
B. Absent parent's address		Street name and number or rural route number		Apt. or room number
____ Current				
____ Last known ____ (years)				
-----				
City		State		ZIP code
-----				
C. Employer's address		Name of employer		Street name and number or rural route number
____ Current ____ Last known ____ (years)				
-----				
City		State		Usual type of work
-----				
D. Marital status of children's parents		Date married		Location married
____ Married ____ Deserted				
____ Divorced ____ Never married		Date separated or divorced		Location separated or divorced
____ Separated ____ Unknown				

E. Complete if parent: \_\_\_\_ Is currently \_\_\_\_ Or has been in the military service  
Branch of service: \_\_\_\_ Army \_\_\_\_ Navy Marines Air Force \_\_\_\_ Coast Guard  
Rank: \_\_\_\_ Officer \_\_\_\_ Enlisted Service number

G. Prior arrest record Where:

YES / NO

Date:

The absent parent:

\_\_\_\_ is currently \_\_\_\_ has been in the past in a jail, prison or institution

Name of institution

Date sentenced

Address (city, state or county)

Date released

H. Absent parent's father's name

Address (city, state or county)

I. Absent parent's mother's name (include maiden name)

Address (city, state or county)

J. Other contact person for absent parent

Address (city, state or county)

F. Names of the absent parent's children. (check blank in front of name if there is "No" support order for this child.)

\_\_1. \_\_\_\_\_

\_\_2. \_\_\_\_\_

\_\_3. \_\_\_\_\_

\_\_4. \_\_\_\_\_

\_\_5. \_\_\_\_\_

\_\_6. \_\_\_\_\_

Verification and comments

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**PART IV: COMPLETE THIS SECTION IF CHILD IS BORN OUT OF WEDLOCK**

Has any paternity suit ever been filed? YES / NO Date: \_\_\_\_\_ Place: \_\_\_\_\_

For each child, where did conception occur (City, State)?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Were you married at the time of conception or within one year before the birth of the child(ren)? YES / NO

If yes, list spouses name? \_\_\_\_\_

Date of Divorce \_\_\_\_\_

Is any one named as the father on the child(ren) birth certificate? YES / NO

If yes, Who? \_\_\_\_\_

Did anyone sign the paternity affidavit at the birth of the child? YES / NO

Name of person who signed paternity affidavit: \_\_\_\_\_

Has paternity been established  
by court OR administrative order? YES / NO

Date \_\_\_\_\_

Has parent ever paid support or  
medical or bought things for  
children? YES / NO

Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_

**PART V: COURT DATA (all applicants must complete this section)**

Has parent ever been ordered by a court to pay support for these children? YES / NO

Name and address of Court \_\_\_\_\_

If No, has a petition been filed and a hearing pending? YES / NO

Name and address of Court \_\_\_\_\_

Cause number of court order \_\_\_\_\_

Amount ordered to be paid: \$ \_\_\_\_\_ Frequency \_\_\_\_\_

Absent parent paying support YES / NO

To whom does parent pay support? \_\_\_\_\_

Date last paid \_\_\_\_\_

Is parent paying military allotment? YES / NO Amount \$ \_\_\_\_\_

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**PART VI: OTHER INFORMATION**

IF the child(ren) was born out of wedlock and no one signed a paternity affidavit at the birth of the child(ren) could anyone else besides the above named absent/noncustodial parent be the father of the child(ren)? YES / NO

IF yes, you MUST fill out an additional **PART III: ABSENT PARENT DATA / NONCUSTODIAL DATA** located on page 4 for each of the additional possible fathers and indicate which child they could be the father of here.

Child's name

Additional possible father(s)

:

:

:

:

**PART VII: ASSIGNMENT FOR COLLECTION**

Name of absent parent :

**CHILDREN'S NAMES**

1.	4.
2.	5.
3.	6.

**AGREEMENT**

I understand and agree that support payments collected hereafter from the absent parent names above on behalf of myself and/or the above named children will be paid to the Division of Family and Children, Family and Social Services Administration, and that said support payments will be paid to me by the agency after deduction of any charges due and owing to that agency. Such charges are explained in page one of the "Application for Title IV-D Child Support Services" executed by the applicant. This authorization shall continue in effect until terminated in the manner set forth on page one of the "Application for Child Support Services".

Printed name of applicant

Signature of applicant

Date signed (mo., day, yr.)

Cause number or support order

Court name

**IF NEEDED ADDITIONAL INFORMATION / COMMENTS CAN BE WRITTEN  
ON A SEPARATE PAPER AND ATTACHED TO THIS APPLICATION**

TO BE COMPLETED BY COUNTY OFFICE

Application taken by:

Date (mo., day, yr.)